JUL 0 2 2003

PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

**RECEIVED** 

Docket No: Q62599

Hirata MOTOYUKI et al.

JUL 0 7 2003

Appln. No.: 09/775,619

OFFICE OF PETITIONS Group Art Unit: 1734

Confirmation No.: 8354

Examiner: Jerry A. Lorengo

Filed: February 5, 2001

For:

METHOD FOR MANUFACTURING SOLID POLYMER ELECTROLYTE/ELECTRODE COMPOSITES, BATTERY PRODUCED USING THE METHOD AND METHOD FOR

PRODUCING THE SAME

## PETITION TO ACCEPT AN UNINTENTIONALLY DELAYED CLAIM UNDER 35 U.S.C. § 119(e)

MAIL STOP PETITION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This petition is filed pursuant to 37 C.F.R. § 1.78(a)(6) to accept an unintentionally delayed claim under 35 U.S.C. § 119(e) for benefit of prior filed application no. 60/056,267 filed on August 29, 1997.

It is respectfully submitted that the entire delay between the date the claim was due under paragraph (a)(5)(ii) of 37 C.F.R. § 1.78 and the date the claim is being filed was unintentional. Submitted herewith is an amendment containing the reference required by 35 U.S.C. § 119(e) and paragraph (a)(5) of 37 C.F.R. § 1.78. A check for the surcharge of \$1300.00 as set forth in 37 C.F.R. § 1.17(t) is attached.

The USPTO is directed and authorized to charge all required fees, except for the

---- Issue Fee-and-the-Publication Fee, to Deposit Account No. 19-4880. Please also credit

07/03/2003 CCHAU1 00000057 09775619

01 FC:1454

1300.00 OP



Attorney Docket No.: Q62599

## DELAYED CLAIM UNDER 35 U.S.C. § 119(E) U.S. Application No.: 09/775,619

any overpayments to said Deposit Account. A duplicate copy of this paper is attached.

SUGHRUE MION, PLLC

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Respectfully submitted,

Bruce E. Kramer

Registration No. 33,725

July 2, 2003

WASHINGTON OFFICE

23313

PATENT TRADEMARK OFFICE

## BEST AVAILABLE GOOD STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                          |       |                             |                       |                 |          |  |
|--|-------|-----------------------------|-----------------------|-----------------|----------|--|
| 1 Date of Request: 7-30-63 2 Serial/Patent # 09/775/19 |       |                             |                       |                 |          |  |
| 3 Please refund the following fee(s                    | s):   | 4 PAI                       | PER<br>IBER           | 5 DATE<br>FILED | 6 AMOUNT |  |
| Filing   |       |                             | ·-                    | :               | \$       |  |
| Amendment  | ····· |                             |                       | -               | \$       |  |
| Extension of Time                                      |       |                             |                       |                 | \$       |  |
| Notice of Appeal/Appeal                                |       |                             |                       | <b>-</b>        | \$       |  |
| Petition   |       |                             |                       | 7-2-03          | \$ 1300  |  |
| Issue  |       |                             |                       |                 | \$       |  |
| Cert of Correction/Terminal Disc.                      |       |                             |                       |                 | \$       |  |
| Maintenance  |       |                             |                       |                 | \$       |  |
| Assignment   |       |                             |                       |                 | \$       |  |
| Other  |       |                             |                       | ·               | \$       |  |
|  |       | 7 TOTAL AMOUNT<br>OF REFUND |                       |                 | \$ 1300  |  |
|  |       | 8 TO                        | BE R                  | EFUNDED B       | Y:       |  |
| 10 REASON:   |       | Treasury Check .            |                       |                 |          |  |
| Overpayment  |       |                             | Credit Deposit A/C #: |                 |          |  |
| Duplicate Payment                                      |       |                             | 9                     | 9 4             | 088      |  |
| No Fee Due (Explanation):                              |       |                             |                       |                 |          |  |
| Potition dismissed as most.                            |       |                             |                       |                 |          |  |
|  |       |                             |                       |                 |          |  |
|  |       |                             |                       |                 |          |  |
| 11 REFUND REQUESTED BY:                                |       |                             |                       |                 |          |  |
| TYPED/PRINTED NAME: Karen Creas TITLE: Pets Em         |       |                             |                       |                 |          |  |
| SIGNATURE: Lanen Crease PHONE: 305-8859                |       |                             |                       |                 |          |  |
| office: <u>Dh</u> <u>Ro</u> <u>la Ton Lo</u>           |       |                             |                       |                 |          |  |
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| APPROVED: (LICIL) TULL DATES 8/1/05                    |       |                             |                       |                 |          |  |
|  |       |                             |                       |                 |          |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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